

Restless Legs Syndrome: Calming the Storm

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CME Test Questions

1. A 45-year-old man presents to the clinic with a complaint of tingling in his legs that interrupt his sleep. You think he may have RLS. Which of the following characteristics of his symptoms would NOT be consistent with a diagnosis of RLS?
 - a. Tingling is relieved by moving his legs
 - b. The tingling sensation only lasts a few seconds
 - c. The discomfort is “deep” and affects both legs
 - d. The tingling is present in any resting position

2. A patient presents with classic symptoms of RLS, and you are trying to determine if it is primary or secondary RLS. In comparison to secondary RLS, all the following are true of primary RLS EXCEPT:
 - a. More prevalent
 - b. More likely to have a family history of RLS
 - c. No known precipitating factor
 - d. Age of onset > 40 years

3. Lifestyle modifications for RLS include which of the following?
 - a. Mind-alerting activities
 - b. Increased dietary folate
 - c. A glass of wine nightly before sleep
 - d. Regular sleep schedule
 - e. a and d

4. Concerning the epidemiology of RLS, which of the following is true?
 - a. The prevalence of RLS is approximately 20%
 - b. RLS is underdiagnosed
 - c. The prevalence of RLS decreases with age
 - d. RLS is most common in the Asian-American population

5. Which is NOT one of the 4 diagnostic criteria for RLS?
 - a. Urge to move the legs
 - b. Symptoms worse at rest
 - c. Symptoms worse at night or in the evening
 - d. Associated with daytime sleepiness
 - e. Symptoms resolved by movement

6. A 45-year-old woman arrives in your clinic with a complaint of an uncomfortable sensation in her legs. The symptoms are worse at night and relieved with movement, suggestive of RLS. Which of the following tests should be included in the initial work-up of this patient?
 - a. Polysomnography
 - b. Serum Ferritin
 - c. EMG of her lower extremities
 - d. MRI of the lumbar spine

7. A 39-year-old female with a history of RLS, HTN, ESRD, and dyslipidemia arrives for an initial visit in your clinic with a complaint of worsening of her RLS symptoms earlier in the day. She states that she started carbidopa/levodopa for her RLS about 1 month ago; it worked well initially but she has since noticed an increased intensity of her symptoms. The worsening of her symptoms is called:
 - a. Acclimatization
 - b. Augmentation
 - c. Rebound Phenomenon
 - d. Dopamine Intolerance

8. Concerning the 12-week randomized clinical trial of pramipexole for RLS completed by Winkelman et al., which of the following is true?
 - a. The most common side effects of pramipexole were headache and rash
 - b. Pramipexole was superior to placebo at all 3 doses (0.25mg, 0.50mg, 0.75mg)
 - c. Pramipexole significantly improved IRLS scores but did not significantly improve Clinician Global Impressions-Improvement scores

9. On a Friday afternoon, a patient arrives in your office stating that the medication you gave him is not working. Just 4 days ago, you started him on pramipexole 0.125mg daily for his primary RLS. Which would be the most appropriate response to the patient at this time?
- "I'm sorry you are not pleased with the results. Unfortunately, it takes 2-3 weeks for the medication to work. Let's schedule a follow up and see how you are doing at that time."
 - "I'm surprised it's not working yet – it doesn't work well for everyone. Let's try a medication called tramadol."
 - "I'm sorry it's not working. You are on the starting dose – we can increase the dose by 0.125mg every few days until you get relief. Let's give that a try and I'll see you again in a week."
 - "Maybe it's not RLS. I am going to run some tests to make sure you don't have Parkinson's Disease."
10. Which of the following statements about RLS is NOT true?
- 1) Most patients with periodic limb movements in sleep (PLMS) have RLS.
 - 2) Most patients with RLS have PLMS.
 - 3) In pregnancy, RLS symptoms are most common in the third trimester.
 - 4) There is a reciprocal relationship between RLS and mood disorders.

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